ARIZONA RADIATION REGULATORY AGENCY

ATTACHMENT TO ARRA-4 FOR THE REGISTRATION OF MEDICAL/DENTAL OR VETERINARIAN DIAGNOSTIC X-RAY SOURCE OF RADIATION

Facility Name and Address	Registration No. (if available)		
	3. Date		
Applicant Name (print)	Applicant Signature		

5. MACHINE TYPE

Indicate type of Diagnostic X-ray

Radiographic	Bone Densitometer	Panographic	
Radiographic / Fluoroscopic	C – Arm Fluoroscopic	Panographic / Cephalometric	
Computerized Axial Tomographic	Intra Oral	Other	

6. MACHINE SUB-TYPE (check all that apply):

Mobile	Stationary	Portable	Transpo	rtable

7. EQUIPMENT INFORMATION

		Name of Manufacturer	Model Number	Serial Number	MAXIMUM KVP	MAXIMUM MA	Location of Unit
Control Panel							
z	Rad Tube #1						
HOUSING INFORMATION	Rad Tube #2						
HOU	Fluoro Tube #1 (or Rad Tube #3)						
=	Fluoro Tube #2 (or Rad Tube #4)						

REPLACEMENT? (Y) (N) WHICH UNIT?_____ ADDITIONAL? (Y) (N)

SHIELDING INSTRUCTIONS & OTHER INFORMATION

(use additional pages if necessary)

- 1. Excluding dental, podiatry, bone mineral densitometry and mammography units, a scale drawing of the facility, including construction material, and your calculations of the shielding needed to assure compliance with R12-1-408 and R12-1-416 of A.A.C. The calculations shall meet the standards specified in R12-1-603.C.2. & C.3.
- 2. Provide specific instructions including any restrictions provided to the equipment operators.
- 3. Please note that R12-1-604.B. requires each registrant to maintain for each x-ray machine:
 - a. Maximum rating of technique factors;
 - b. Aluminum equivalent filtration of the useful beam, including routine variations;
 - Records of surveys, calibrations, maintenance, modifications, and the names of persons who perform the service;
 - d. A copy of all correspondence with the agency relating to the x-ray machine.
- 4. Please note that R12-1-206.D requires transferor provide to each registrant, the supplies and x-ray machine necessary to comply with the rules to the usage of the equipment.

RETAIN A COPY FOR YOUR RECORDS

RETURN TO: ARIZONA RADIATION REGULATORY AGENCY
4814 SOUTH 40TH STREET
PHOENIX. AZ 85040

Phone: 602-255-4845 Fax: 602-437-0705